

**HEABC**  
HEALTH EMPLOYERS  
ASSOCIATION OF BC

**Annual Report**  
2012-2013



## Annual Report 2012-2013

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Betsy Gibbons  
Board Chair



## Message from Board Chair

Two themes dominated the focus of HEABC this past year: negotiations and strategic planning. I am pleased to report the organization successfully fulfilled its mandate/goals in both areas.

I would like to extend my gratitude to the bargaining teams, comprised of HEABC staff and employer representatives, and to members of government who worked tirelessly to achieve new collective agreements that fell within the Cooperative Gains Mandate. It was a challenging round but at its conclusion, the result, I believe, are agreements that are good for employers, staff and above all, patients. More on 2012 negotiations can be found in the President & CEO's message on page four.

In last year's report I mentioned HEABC's intention to embark on a strategic planning process to update the former plan which had been in place since late 2009. This work began in earnest in late summer of 2012 with a consultation process that involved employers, government and HEABC staff.

Informed by the input from these various groups, our Board met with the organization's senior leadership team in late November to develop a new strategic plan for 2013-2016. The plan, which includes a new mission and vision and four strategic objectives, was approved by the Board at our March 8, 2013 meeting. Also approved were the corporate goals to carry out the new objectives and the key performance indicators that will be used for measurement.

I am pleased with the outcome of this strategic planning process and believe the new plan will ensure that HEABC services continue to align with the needs of our member organizations and of government, and that it contributes positively to the future of BC's health system. I'd also like to thank those members who invested time to provide the valuable input that helped to shape the plan. We look forward to updating members and government on our progress as we begin to implement the plan in the coming year.

On a final note, I would like to thank our own Board of Directors for their work this past year particularly in developing the strategic direction for HEABC, helping the organization to develop its 2012 bargaining strategy and for their work in reviewing and recommending ratification of the new agreements. Your commitment to the Board and to the advancement of health human resources and labour relations in BC is greatly valued and appreciated.

A handwritten signature in black ink that reads "Betsy Gibbons". The signature is fluid and cursive, with a large initial "B".

Betsy Gibbons  
Chair

# Vision, Mission, Values and Strategic Objectives

## Vision:

A knowledge organization that stimulates innovation in BC health human resources and contributes to the sustainability of the health care system.

## Mission:

We are trusted advisors to our members and government. Using our information and knowledge, we aim to improve health human resources by:

- Delivering high quality labour relations services
- Advancing system-wide health human resources productivity and efficiencies through the use of evidence
- Building an engaged and skilled organization attuned to members' needs and committed to providing excellent service

## Values:

At HEABC, we believe in:

- Integrity
- Respect
- Leadership
- Courage
- Excellence
- Teamwork

## Strategic objectives:

To help us achieve our vision and mission, we have created the following four objectives that are grouped under three themes:

### Theme: Delivering high quality labour relations services

**Objective #1:** In collaboration with our members and government, conduct efficient and effective collective bargaining, contract interpretation and administration processes that align with the mid and long-term goals of our members and inform government.

### Theme: Driving innovation and efficiencies (Health human resource productivity)

**Objective #2:** Leverage our system-wide knowledge and the strength of our relationships with our members and government to be a catalyst for health human resources productivity efforts.

**Objective #3:** Improve access to a full range of human resource services with and for affiliate members.

### Theme: Engaging employees & building organization excellence

**Objective #4:** Invest in our people and our systems to build an effective and highly regarded organization for our employees to work in and our members to work with.

Michael Marchbank  
President & CEO



## Message from President & CEO

It was my pleasure to announce in March the successful conclusion of health sector bargaining, with agreements reached in all five health sector bargaining associations within the government's Cooperative Gains Mandate.

Among the changes that occurred during the 2012-2014 round of bargaining that benefit the system are:

- **Settlement Pattern:** Health employers were able to establish settlement patterns for the sector (i.e. three per cent wage increases) that were based on the needs of the system.
- **Health and Welfare Benefit Reform:** PharmaCare tie-in and long-term disability changes were implemented to pay for wage increases during the agreements and to lower the benefit cost curve in the future.
- **37.5-Hour Work Week:** The industry was able to negotiate a return to the 37.5 hour work week for Nurses and Health Science Professionals which will bring significant benefits to patients and employees.

More details on each new agreement can be found on the next page.

While the agreements contain some important changes that carry immediate benefits and that also contribute towards the future sustainability of the system, they were by no means easy to reach. I'd like to thank all of those involved in the bargaining process – our employer representatives, government, HEABC staff, our Board of Directors and union bargaining committees – for their ongoing support and commitment to reaching deals within the mandate and that resulted in little disruption in service.

While it is appropriate to reflect on this success, planning for the next round in 2014 is already well underway. We received valuable input during negotiations last year and as a result, we aim to implement further improvements to the process. We recognize that to effectively manage the sector and promote quality patient care requires a higher level of involvement and input from our members and government.

The process also needs to start earlier and in fact commenced this spring, with HEABC working with members to establish the overarching industry goals. These goals must fall within the overall mandate set by government for public sector bargaining. Furthermore, a high-level, industry-wide costing committee will be established to deal with costing related to agreement proposals. These are just a few of the changes that members will see in HEABC's bargaining consultation process to prepare for negotiations in 2014.

A collective approach to developing the 2014 health sector bargaining strategy will further ensure that future agreements continue to align with and contribute to overall health system objectives. To this end, I look forward to working with our members as we prepare for what I hope will be a successful round of negotiations next year.

Michael Marchbank  
President & CEO

# Overview of Negotiations

Negotiations in the health sector began in early 2012 and HEABC is pleased to have reached agreements with all five health sector bargaining associations under the Cooperative Gains Mandate.

## Nurses' Bargaining Association

On October 19, 2012, HEABC members and the unions represented in the Nurses' Bargaining Association (NBA) ratified a two-year agreement effective April 1, 2012 to March 31, 2014.

### Benefits for employers

- Benefit reform
  - PharmaCare tie-in
  - Joint Benefits Review Committee
  - Long-term disability changes
  - Early retirement incentive benefit
  - Vacation allowance reform
- Reducing costs and enhancing productivity
  - 37.5-hour work week
  - Eliminating sick leave payout for new employees
- Administrative efficiencies
  - New casual utilization language
  - New professional responsibility form process
  - Streamlining classification/Job descriptions process
  - Bigger window for increasing or decreasing regular part-time employee FTE status
  - Alternate dispute resolution process
  - Consolidation of certifications

### Benefits for NBA and its members

- Wage increase
- Additional nurses for the system
- Addressing additional patient demand
- Regularization of hours
- Absence replacement in community settings
- Occupational Health and Safety (OH&S) and Violence Prevention Committee
- Long-term and short-term leave and staff replacements in acute and long-term care
- Mentorship program for new graduate nurses
- In-charge nurse training including training for displaced and laid off nurses
- Job security provisions for training for unfilled vacancies

## Professional Association of Residents of BC

On November 1, 2012, HEABC members and the Professional Association of Residents of BC (PAR-BC) ratified a four-year agreement effective April 1, 2010 to March 31, 2014.

### Benefits for employers

- Benefit reform
  - PharmaCare tie-in
  - Cost-sharing of extended health premiums
  - Dental and group life benefit premiums
  - Annual deductible for extended health benefits from \$25 to \$75
  - Assumption of long-term disability coverage by employees
- Four-year agreement spanning Cooperative Gains and Net Zero mandates
- New language to clarify roles of health employers and University of British Columbia (UBC) Faculty of Medicine

### Benefits for PAR-BC and its members

- Wage increase
- New language to clarify role of health employers and UBC Faculty of Medicine

## Facilities Bargaining Association

On December 21, 2012, HEABC members and the unions represented in the Facilities Bargaining Association (FBA) ratified a two-year agreement effective April 1, 2012 to March 31, 2014.

### Benefits for employers

- Benefit reform
  - PharmaCare tie-in
  - Long-term disability changes
  - Joint Benefits Review Committee
- Reducing costs and enhancing productivity
  - Enhanced Disability Management Program
- Administrative efficiencies
  - Improved administrative processes in assigning relief and job postings

### Benefits for FBA and its members

- Wage increase
- Contracting out moratorium (ends March 30, 2014)
- OH&S and Violence Prevention Committee
- Continuation of appendices for Emergency and Health Services Commission (EHSC)/Canadian Union of Public Employees (CUPE) 873 and the BC Government and Service Employees' Union (BCGEU)
- Assignment of overtime by seniority

## Community Bargaining Association

On February 18, 2013, HEABC members and the unions represented in the Community Bargaining Association (CBA) ratified a two-year agreement effective April 1, 2012 to March 31, 2014.

### Benefits for employers

- Benefit reform
  - Dispensing fee cap
  - Joint Benefits Review Committee

- Long-term disability changes
- Reducing costs and enhancing productivity
  - Casual stat/vacation pay reduced
  - Increment scales adjusted
  - Enhanced Disability Management Program
  - Superior benefits eliminated/harmonized
  - Vacation reduced by one day for 10, 15, 20 years of service
- Administrative efficiencies
  - Casual availability
  - Use of technology for call-in for casual work
  - New process for scheduling arbitrations
  - Home support scheduling

### **Benefits for CBA and its members**

- Wage increase
- BlueNet card
- Respectful workplace policy
- Special and bereavement leave
- Increased mileage, meal allowances
- Home support scheduling improvements
- Priority hiring rights for displaced casuals due to retendering

## **Health Science Professionals Bargaining Association**

On March 6, 2013, HEABC members and the unions represented in the Health Science Professionals Bargaining Association (HSPBA) ratified a two-year agreement effective April 1, 2012 to March 31, 2014.

### **Benefits for employers**

- Benefit reform
  - PharmaCare tie-in
  - Joint Benefits Review Committee
  - Long-term disability changes
- Reducing costs and enhancing productivity
  - 37.5-hour work week
  - Classification redesign committee that utilizes third party facilitation
  - Classification dispute resolved
- Administrative efficiencies
  - Improved grievance and arbitration processes
- Health and safety
  - Enhanced Disability Management Program

### **Benefits for HSPBA and its members**

- Wage increase
- BlueNet card
- Increased shift premiums
- Disability management stewards
- Professional development fund
- Modernization of parental leave and special leave language
- Limiting call-backs
- Portability of benefits

# Operational Achievements

## Knowledge Management

### **Knowledge Management key to achieving HEABC's new vision**

Labour relations and human resources are becoming increasingly complex in British Columbia's health care system. The ability to collect, analyze and utilize data for informed decision making is therefore essential. Knowledge Management will play a key role in realizing the new vision of the organization which is to focus on stimulating innovation in BC health human resources while contributing to the sustainability of the health care system. The department will strive to ensure that members are equipped to make informed decisions when it comes to human resource planning. In the near term, the below key areas have been targeted to achieve this goal.

### **Collective agreement costing**

Knowledge Management aims to provide accurate and timely costing of collective bargaining scenarios and settlements. This is important to the bargaining process as all monetary changes to the collective agreements must fall within the public sector bargaining mandate established by the provincial government. Furthermore, scenario costings must be submitted to the Public Sector Employers' Council (PSEC) Secretariat for pre-approval, prior to the proposal being tabled during collective bargaining.

### **Human resources database**

Tapping HEABC's data analytics and costing expertise, Knowledge Management will increase the breadth, depth and quality of information that is provided to members and government. Key activities for this area of focus include:

- Increasing Health Sector Compensation Information System (HSCIS) compliance and reporting accuracy
- Improving data currency
- Improving data searching capability
- Automating data collection and validation wherever possible
- Creating a data health score reporting system
- Enhancing the Difficult to Fill Vacancy database
- Improving knowledge of other health sector databases

### **Labour productivity data**

The department will promote improved sector labour productivity with information that highlights the relationship between labour inputs and health system outputs. Specifically, Knowledge Management will be focused on:

- Producing health sector labour productivity reports in consultation with health authorities
- Expanding analytical capabilities
- Improving the effectiveness of the human resource data group

"By targeting these key areas, HEABC is well positioned to use our knowledge and expertise to help our members make informed human resource decisions that contribute to the sustainability of the health care system."

Tony Collins, Vice-President, Knowledge Management & Education Services.

(From left) Gary Poon, Director, Knowledge Management with Tony Collins



### **Comparative analysis and industry benchmarks**

Knowledge Management will regularly disseminate industry labour reports containing a comprehensive set of human resource data, including:

- Regular reports and analysis comparing human resource productivity, performance and efficiency within the BC health system.
- A comparison of BC's human resource productivity, performance and efficiency with external benchmarks.

## **Disability Management**

*HEABC is committed to supporting members in disability management and is working to achieve this goal in a number of ways, including: collective agreement changes reached with health sector unions; ongoing implementation of Health & Safety in Action initiatives; as well as the completion of the disability management project for affiliates.*

### **Enhanced Disability Management Program implementation continues**

The Enhanced Disability Management Program (EDMP) goals include early, safe return to work and a corresponding reduction in long-term disability (LTD) premiums and sick leave utilization. In January 2013, the EDMP was fully implemented at each health authority for nurses. Implementation of the program also continues with HSPBA, CBA and FBA. The Provincial Steering Committee met on March 15, 2013 where EDMP project managers gave an update on the program. Development of the EDMP website and resource centre continues and is currently in the testing phase.

### **Disability Management pilot project for affiliates now completed**

The two-year disability management (DM) pilot project initiated as a partnership between eight Lower Mainland residential care facilities, WorkSafeBC and HEABC has concluded. The purpose of the project was to provide participating employers with a shared health and disability claims coordinator with the expertise to deliver both program development and claims management services. Among the following key outcomes and employer recommendations:

- Enhanced claims management tools and processes resulted in a 14 per cent reduction in per claim cost and duration.
- Employers should continue to develop and promote timely return to work/stay at work processes with frontline staff and managers.
- There should be ongoing development of disability cost benefit data.
- Implementing effective DM practices requires a shift not only in practice but workplace culture. Further development of DM programming must include more robust consultation with injured workers.
- Affiliate employers require ongoing dedicated DM resources.
- Employers should ensure senior management support of DM is demonstrated throughout organizations.

The report was presented and discussed at the Affiliate Advisory Group meeting on March 13, 2013. An ad hoc committee is also being struck to examine the suitability/adaptability of the Enhanced Disability Management Program (currently implemented in the Nurses' and Health Science Professionals sectors and part of the new agreements for Community and Facilities subsectors) in the affiliate sector.

### **Health & Safety in Action initiatives near completion**

Health & Safety in Action (HSIA) is aimed at reducing the number of workplace injuries, occupational illnesses and the number and duration of short and long-term disability claims. Launched in 2011, the project is being led by HEABC in partnership with WorkSafeBC, the Healthcare Benefit Trust (HBT), health authorities and Providence Health Care.

Funding for HSIA comes from an acute care contribution surplus identified by WorkSafeBC and it was agreed by the health authority Board Chairs and CEOs to invest the funds in health and safety in the health authorities. The WorkSafeBC funding was targeted for system-wide initiatives that have the support of the key stakeholders and that demonstrate positive change.

The majority of "Phase 1" initiatives are nearing completion and all initiatives are engaged in evaluation. Initial results appear promising relative to measurable goals defined in initiative business cases and are starting to realize indications of success. Overall, results since initiation of HSIA have been strong and all initiatives will complete on budget (\$11.6 million).

The two pilots that focused on musculoskeletal injury and violence prevention are complete. The three foundation initiatives continue to work towards provincial standardization in reporting and data management by establishing a provincial health sector injury, incident and exposure reporting call centre, and an employee absence notification system. Integrating provincial standards supported by robust information systems into health organization operating practices is critical for HSIA to realize long-term benefits.

Key successes achieved in "Phase 1" for HSIA include: the development and delivery of provincial standards in safe resident handling in residential care; rolling out the new provincial violence prevention curriculum and training of 114 violence prevention facilitators throughout BC; establishing a common data collection platform (WHITE.net); and implementation of a provincial call centre and employee absence reporting line for all health authorities and Providence Health Care.

The HSIA Steering Committee met on February 4, 2013, where initiative evaluations and prospective "Phase 2" projects were discussed. Once evaluation of "Phase 1" is complete (by May 2013), investments into future HSIA projects can then be determined by the funding partners, health authorities and the HSIA Steering Committee.

## **Cases of Note**

### **BC Supreme Court overrules Workers Compensation Appeal Tribunal ruling that hospital lab was cause of cancer (March 28, 2013)**

In 2002, six workers of Fraser Health alleged they developed cancer as a result of working in a laboratory at Mission Memorial Hospital. Extensive investigations by the Occupational Health and Safety Agency for Healthcare in British Columbia (OHSAH) and the BC Cancer Agency determined that there was no evidence of any specific carcinogens at the workplace that may have caused the cancers.

The six workers applied for workers compensation in 2006. Based on the findings of the OHSAH and BC Cancer Agency investigations, WorkSafeBC denied their applications on the grounds that their cancer was not an occupational disease. The workers appealed this decision to the Workers Compensation Appeal Tribunal (WCAT) which, in December 2010, overturned the original decisions for three of the workers who had breast cancer. The WCAT found that the breast cancers of three workers were occupational diseases due to the nature of their employment. Fraser Health, represented by HEABC, applied to WCAT for reconsideration of this decision and filed a petition for judicial review in the BC Supreme Court. In December 2011, the WCAT reconsideration panel dismissed Fraser Health's applications for reconsideration and work continued on the petition for judicial review.

On March 28, 2013, the BC Supreme Court ruled that the WCAT decisions were "patently unreasonable" because there was no evidence that the women's cancer was caused by their work environment and that WCAT ignored expert evidence to the contrary. The Court ruled that the cases should be referred back to WCAT for a final decision consistent with the Court's ruling. On April 25, 2013, the workers filed an appeal of the BC Supreme Court decision in the BC Court of Appeal. HEABC has retained counsel to represent Fraser Health in the Court of Appeal proceedings.

#### **Portability principles confirmed under the Facilities Subsector Collective Agreement (January 21, 2013)**

HEABC successfully represented the employer in an arbitration concerning the interpretation of the portability provisions in the Facilities Subsector Collective Agreement. The issue in that case was whether an employee who had concurrent employment at two health sector employers could port seniority to one of those employers by voluntarily resigning from the other. The employer denied the request to port on the basis that the grievor did not fit within the criteria for portability set out in the collective agreement (terminating at Employer A and then being hired at Employer B). In a decision issued January 21, 2013, Arbitrator Joan Gordon found that the employer's interpretation of the collective agreement was correct and dismissed the grievance.

#### **Licensed Practical Nurse (LPN) raid – BCNU successful (October 5, 2012)**

On October 5, 2012, the ballots were counted in the raid applications following the determination of a series of objections to the applications and ballots that spanned the previous 10 months. Based on an average of 69 per cent of Licensed Practical Nurses (LPNs) voting in favour of BC Nurses' Union (BCNU) representation, the Labour Relations Board (LRB) issued an order on October 9, 2012 confirming BCNU as the new representative for LPNs employed at all the health authorities (except Provincial Health Services Authority) and Providence Health Care in the Facilities Subsector (the LPNs remained governed by the terms of the Facilities Collective Agreement). Upon appeal to a reconsideration panel of the LRB, the decision was upheld. A further appeal was launched to the BC Supreme Court and the judicial review was heard on March 4 and 5, 2013. As of the date of writing, the Supreme Court decision had yet to be issued. Subsequent to these hearings, the provincial government enacted a legislative change to the *Health Authorities Act* redefining "nurse" to include LPNs, thereby moving all LPNs from the Facilities and the Community Subsectors into the Nurses' Sector to be covered by the Nurses' Provincial Collective Agreement. Pending nurses' negotiations in 2014, LPNs will continue to be governed by the terms and conditions of the Facilities and Community Collective Agreements.

#### **Contracting out and the requirement for confidentiality (September 19, 2012)**

On September 19, 2012, Arbitrator Judi Korbin issued a decision interpreting the confidentiality provisions of the Addendum on Job Security and Expanded Opportunities under the Facilities Collective Agreement. The Addendum sets out employers' and unions' obligations during the process of contracting out. The question that was considered by the Arbitrator was whether the union had breached the Addendum by issuing a press release and speaking to the media about an employer's planned contracting out initiative during the consultation process. Arbitrator Korbin found that a breach had occurred: the union was precluded from publicizing that the employer was considering contracting out during the consultation process. Publicly commenting on the contracting out initiative could only occur after the employer determined and announced that it would be proceeding with the contracting out.

**Ability to contract out preserved (August 13, 2012)**

Under the Health Sciences Professionals Provincial Agreement, the Health Sciences Association of BC grieved the employer's periodic contracting for ultrasound technologists to perform work at some of its hospitals. The union claimed that as the contracted technologists performed their work at the employer's worksites that this was an improper erosion of the bargaining unit and not permitted under the Provincial Agreement.

Arbitrator Robert Diebolt ruled that the employer did not breach the Provincial Agreement when it contracted for these services even though performed within the employer's facilities. The union was unable to show that the "true employer" of the contracted technologists was the health sector employer instead of the contractor.

**Attending as a witness at the Human Rights Tribunal is not paid jury duty leave (July 6, 2012)**

Hospital Employees' Union (HEU) grieved the employer's decision to deny the grievor pay and benefits for time spent attending a Human Rights tribunal hearing upon being summoned. The union claimed that the wording of the jury duty leave article in the Facilities Subsector Collective Agreement extended and applied to other types of leaves before tribunals such as the Human Rights Tribunal. Arbitrator Joan McEwen determined that the wording of the jury duty leave article was clear and did not extend as far as the union argued. As the benefit sought was not expressly provided in the collective agreement, the grievance was dismissed.

**Special leave not automatically granted to employee attending to family member in hospital (April 25, 2012)**

The issue in the case was whether the grievor was entitled to special leave under the Health Science Professionals Provincial Agreement because she "provided care" to her husband who underwent serious surgery. The grievor's husband underwent scheduled surgery the day prior to the day leave was requested, but complications during the surgery resulted in cardiac arrest. The grievor was only able to visit her husband for five to ten minutes following the unsuccessful surgery. At that time, he was still sedated, but expressed fear upon learning of the cardiac arrest.

Arbitrator Mark Brown determined that the scope of the special leave provision can encompass emotional care and it is not limited to professional, medical or physical care. However, an employee is not automatically entitled to special leave when an immediate family member is in the hospital. The mere presence of an employee with, or an employee's personal need to be present with, a seriously ill immediate family member does not attract special leave. The employee must contribute to the care of the immediate family member and this may be easier to establish where a physician requests the attendance of the employee to provide care, whether physical or emotional.

Ultimately, Arbitrator Brown noted a number of factors that contributed to his finding that care was provided and paid leave should have been granted: the severity of the complication, the lack of time following the initial surgery for the grievor to discuss and to comfort her husband with respect to his concerns, and the grievor's involvement in responding to the questions of the medical team. Special leave would not have been warranted for the initial surgery because it appeared to be routine day surgery and her attendance would not have contributed to her husband's care.

## 2012 Excellence in BC Health Care Awards

The *Excellence in BC Health Care Awards* is an annual gathering of BC's health care industry to applaud dedicated individuals and teams improving the province's health care system and providing exceptional care and health services to the people of BC. The 2012 awards were presented on June 25. Twelve Gold Apple winners and eight Award of Merit recipients were honoured.

2012 Gold Apple winners:

### **Provincial Health Care Hero & Health Care Hero – Vancouver Coastal Health**

Dr. Paul Sugar – Palliative Care Physician (Lions Gate Hospital/North Shore Hospice)

### **Health Care Hero – Affiliate**

Junine Toy - Clinical Pharmacy Specialist, HIV (St. Paul's Hospital)

### **Health Care Hero – Fraser Health**

Barbara McLeod - Clinical Nurse Specialist, End of Life Program

### **Health Care Hero – Interior Health**

Laurie Skene - Clinical Practice Standards Coordinator, Surgical Services & Medical Device Reprocessing

### **Health Care Hero – Northern Health**

Karen Skarpnes – Physiotherapist (Prince Rupert Regional Hospital)

### **Health Care Hero – Provincial Health Services Authority**

Sarah Robertson – Manager, Multi-Media & Telehealth Services (BC Cancer Agency)

### **Health Care Hero – Vancouver Island Health Authority**

Dr. Sean Spina – Clinical Pharmacotherapeutics Specialist & Pharmacy Clinical Coordinator (Royal Jubilee Hospital)

### **Top Innovation – Affiliate**

Louis Brier Home & Hospital – Support Surface Replacement & Wound Management Project

### **Top Innovation – Health Authority**

BC Children's Hospital & Sunny Hill Health Centre for Children – Escalation of Patient Care Process

### **Workplace Health Innovation**

Vancouver Island Health Authority – Safety Profile Project

### **Collaborative Solutions**

BC Provincial Renal Agency – Innovative Protocolization of Anemia Therapy in Patients with Kidney Disease

2012 Awards of Merit recipients:

### **Top Innovation – Affiliate**

- Providence Health Care – Renal End-of-Life Initiative
- St. Joseph's General Hospital – Transitional Care Unit Project

### **Top Innovation – Health Authority**

- Fraser Health – Surgical Website & Soonest Surgery Tool
- Kelowna Mental Health & Substance Use Centre – Comprehensive Dialectical Behaviour Therapy Program Demonstration Project

### **Workplace Health Innovation**

- BC Cancer Agency/Children's & Women's Health Centre of BC – Ergonomic Syringe Adapter for Chemotherapy Delivery
- Heritage Village (Fraser Health) – Health Care Safety Dance Project

### **Collaborative Solutions**

- BC Mental Health & Addiction Services – Provincial Expansion of mindcheck.ca
- Vancouver General Hospital – Clostridium difficile Infection Quality Assurance Initiative

HEABC would like to acknowledge our 2012 awards sponsors – Great-West Life, Healthcare Benefit Trust, Pacific Blue Cross, Harris & Company LLP, Roper Greyell LLP, WorkSafeBC, Knightsbridge Human Capital Solutions, McKesson Canada, Mercer and PPC Canada – as well as the award judges and our members for their support. To learn more, visit [BCHealthCareAwards.ca](http://BCHealthCareAwards.ca), [Twitter.com/BCHealthAwards](https://twitter.com/BCHealthAwards) or [Facebook.com/BCHealthCareAwards](https://facebook.com/BCHealthCareAwards).

Health Match BC's team works closely with the health authorities to bring physicians, nurses and allied health professionals to the province.



## Health Match BC

### Health Match BC reports record year

Physician recruitment for the 2012 calendar year reached an all-time best in 2012, increasing 24 per cent over the previous year. The highlights as of December 31, 2012 include the referral of 577 physicians to health authority sponsored positions, 133 family physician matches and 135 specialist matches.

"We are very pleased with the matches that were made as they will help to ensure patients have access to health care services in their community, both family doctors and specialists," says Health Match BC Executive Director John Mabbott. "This success is the result of a team effort between Health Match BC and the regional health authorities and I would like to thank everyone who worked very hard to bring these physicians to these underserved communities in BC." It should be noted that Health Match BC expects a lower number physician matches for 2013 - roughly 230 - due to changes in licensing requirements for some internationally-educated medical graduates.

Health Match BC is a division of HEABC. Created by the provincial government to recruit physicians nationally and internationally, it has attracted family physicians to underserved communities throughout BC. It works in partnership with the Ministry of Health, all health authorities, regulatory agencies, University of British Columbia Faculty of Medicine, and other community and health-sector stakeholders to help achieve the best possible results. Since its inception in 1999, Health Match BC has filled 2,450 physician vacancies.

## Physician Vacancies and Recruitment Outcomes by Health Authority for Health Match BC (2012)

| MATCHES BY ORGANIZATION              |            | TOTAL MATCHES |            |             |
|--------------------------------------|------------|---------------|------------|-------------|
| ORGANIZATION                         | Permanent  | Locum         | Total      | Percentage  |
| Fraser Health Authority              | 50         | 20            | 70         | 26%         |
| Government of BC                     | 0          | 0             | 0          | 0%          |
| Interior Health Authority            | 37         | 38            | 75         | 28%         |
| Northern Health Authority            | 29         | 10            | 39         | 15%         |
| Providence Health Care               | 8          | 0             | 8          | 3%          |
| Provincial Health Services Authority | 13         | 1             | 14         | 5%          |
| University of British Columbia       | 0          | 0             | 0          | 0%          |
| Vancouver Coastal Health Authority   | 28         | 6             | 34         | 13%         |
| Vancouver Island Health Authority    | 20         | 8             | 28         | 10%         |
| <b>TOTAL</b>                         | <b>185</b> | <b>83</b>     | <b>268</b> | <b>100%</b> |

| VACANCIES POSTED BY ORGANIZATION     |                         |             |
|--------------------------------------|-------------------------|-------------|
| ORGANIZATION                         | TOTAL VACANCIES POSTED* | Percentage  |
| Fraser Health Authority              | 216                     | 30%         |
| Government of BC                     | 1                       | 0%          |
| Interior Health Authority            | 160                     | 22%         |
| Northern Health Authority            | 59                      | 8%          |
| Providence Health Care               | 9                       | 1%          |
| Provincial Health Services Authority | 62                      | 9%          |
| University of British Columbia       | 1                       | 0%          |
| Vancouver Coastal Health Authority   | 100                     | 14%         |
| Vancouver Island Health Authority    | 112                     | 16%         |
| <b>TOTAL</b>                         | <b>720</b>              | <b>100%</b> |

\*Some vacancies were reposted positions that were not initially filled, then reposted, so the numbers do not accurately reflect the number of actual positions available during the period. In some cases matches were made to unposted positions.



Dr. Richard Harper and his wife Rachel, a registered nurse, moved with their family from the UK to Coldstream, BC in 2012.

## Move to Canada progressed quickly after UK physician contacted Health Match BC

In the early 1990s, Dr. Richard Harper and his wife Rachel, a registered nurse, first dreamed of moving to Canada from the United Kingdom (UK). A variety of issues kept putting their plans on hold, until a family vacation three years ago.

"We were visiting my sister who immigrated over 30 years ago," said Dr. Harper. "As we were driving from her home in the Okanagan to visit relatives in Alberta, we stopped at the lookout in Coldstream and looked down the valley. It reignited our interest."

"We then found Health Match BC online and things moved quite quickly after that," he recalled. "They really did hold my hand through the whole process." Dr. Harper was one of the 268 physicians who moved to BC from across Canada and around the world in 2012.

"I worked with 10 doctors in the UK, in a practice with 15,000 patients. In Canada, you have your own list of patients, you get to know them. I took over from a doctor who had the same patients for 35 years; he cared for their families as well. You don't have that opportunity in the UK," he explained.

"The biggest difference is that you are your own boss here; you are in control. That means you can work as hard as you like or, within reason, as little as you like," noted Dr. Harper. "It's much more enjoyable, more relaxing."

## BC Care Aide & Community Health Worker Registry

### More than forty-four thousand now registered with the BC Care Aide & Community Health Worker Registry

Established in 2010, the BC Care Aide & Community Health Worker Registry is a central registry for all Care Aides and Community Health Workers (CHWs) working in BC. It is aimed at establishing and improving standards of care in the Care Aide and CHW occupations. The registry was also created to serve and protect vulnerable patients, residents and clients receiving care in publicly funded health care facilities.

It is the first care aide/CHW registry in Canada and other jurisdictions are following BC's lead. Currently, more than 44,000 Care Aides and Community Health Workers have registered and the registry continues to grow and offer more services. In 2013, the registry will be launching a new interactive website. This site will have an additional feature with regards to the educational assessments of the 60 educational providers of BC Health Care Assistant (HCA) courses. Part of the Care Aide Registry's mandate is to ensure that the standard of HCA training is consistent and at a high standard.

In June 2012, the Ministry of Health requested a review of the Care Aide and Community Health Worker Registry, following concerns raised by the BC Care Providers Association as well as to address issues raised in the BC Ombudsperson's report on seniors' care that was released in February 2012.

More than 50 stakeholders were interviewed as part of the review. After reviewing and agreeing with the report's recommendations, the Ministry of Health announced that it would be implementing short, mid and long-term strategies in response. This includes extending the mandate of the registry to include private pay sector care service providers and employees, and reviewing the funding model to ensure it is fair to employees, employers and clients. Health Match BC, which operates the registry, will be working closely with the Ministry to implement these strategies.

More information is available at: [www.cachwr.bc.ca](http://www.cachwr.bc.ca)

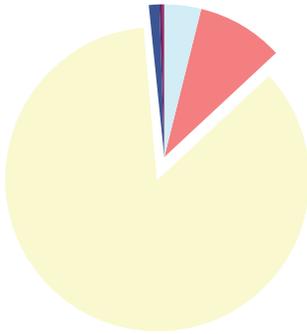
## Physician Services Secretariat

The Physician Services Secretariat (PSS) supports the Ministry of Health's Medical Services Division and health authorities by providing consulting, analytical and legal services related to physician compensation, negotiations, contract administration and dispute resolution under the Physician Master Agreement (PMA). PSS staff were actively involved in negotiations that concluded in a renewed PMA in May 2012 and the subsequent formal drafting of the 2012 PMA and all subsidiary agreements.

Physician Services continues to support or participate on various joint committees established under the PMA or arising from other agreements between the provincial government and the BC Medical Association such as the Laboratory Medicine Workload Agreement.

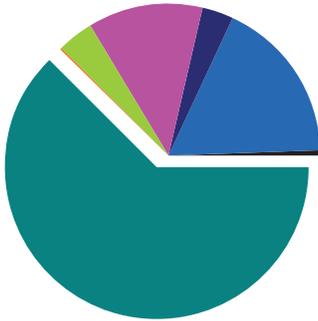
# Full-Time Equivalents by Bargaining Table

## Facilities Table FTEs by Union



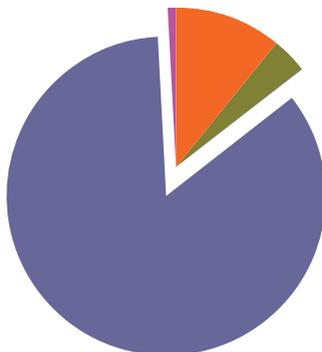
| Union        | FTEs            | %             |
|--------------|-----------------|---------------|
| BCGEU        | 1,130.7         | 4.0%          |
| CUPE         | 2,570.0         | 9.1%          |
| HEU          | 24,254.7        | 85.6%         |
| IUOE         | 318.6           | 1.1%          |
| PPWC         | 68.9            | 0.2%          |
| USWA         | 7.5             | 0.0%          |
| <b>Total</b> | <b>28,350.3</b> | <b>100.0%</b> |

## Community Table FTEs by Union



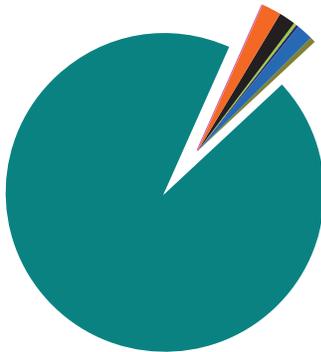
| Union        | FTEs           | %              |
|--------------|----------------|----------------|
| BCGEU        | 5,752.4        | 62.7%          |
| CLAC         | 7.2            | 0.1%           |
| CUPE         | 352.0          | 3.8%           |
| HEU          | 1,111.2        | 12.1%          |
| HSA          | 325.1          | 3.5%           |
| UFCW         | 1,583.2        | 17.2%          |
| USWA         | 48.9           | 0.5%           |
| <b>Total</b> | <b>9,180.0</b> | <b>100.00%</b> |

## Health Sciences Table FTEs by Union



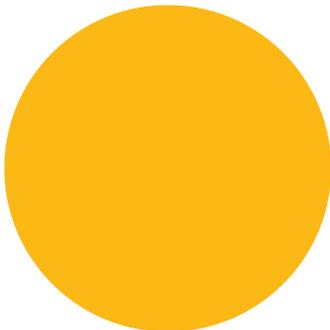
| Union        | FTEs            | %             |
|--------------|-----------------|---------------|
| BCGEU        | 1,315.9         | 10.7%         |
| CUPE         | 443.5           | 3.6%          |
| HEU          | 14.6            | 0.1%          |
| HSA          | 10,391.7        | 84.8%         |
| PEA          | 952.4           | 0.8%          |
| <b>Total</b> | <b>12,258.0</b> | <b>100.0%</b> |

### Nurses Table FTEs by Union



| Union        | FTEs            | %             |
|--------------|-----------------|---------------|
| BCGEU        | 205.5           | 0.7%          |
| BCNU         | 26,404.6        | 93.5%         |
| CLAC         | 0.9             | 0.0%          |
| CUPE         | 13.8            | 0.0%          |
| HEU          | 536.6           | 1.9%          |
| HSA          | 521.2           | 1.8%          |
| IUOE         | 24.7            | 0.1%          |
| UFCW         | 62.1            | 0.2%          |
| UPN          | 462.7           | 1.6%          |
| <b>Total</b> | <b>28,232.2</b> | <b>100.0%</b> |

### Residents Table FTEs by Union



| Union        | FTEs           | %             |
|--------------|----------------|---------------|
| PAR-BC       | 1,079.0        | 100.0%        |
| <b>Total</b> | <b>1,079.0</b> | <b>100.0%</b> |

### Legend

|              |  |               |   |
|--------------|--|---------------|---|
| <b>BCGEU</b> | BC Government and Service Employees' Union | <b>PAR-BC</b> | Professional Association of Residents of British Columbia |
| <b>BCNU</b>  | British Columbia Nurses' Union             | <b>PEA</b>    | Professional Employees Association                        |
| <b>CLAC</b>  | Christian Labour Association of Canada     | <b>PPWC</b>   | Pulp, Paper, & Woodworkers of Canada                      |
| <b>CUPE</b>  | Canadian Union of Public Employees         | <b>UFCW</b>   | United Food and Commercial Workers Union                  |
| <b>HEU</b>   | Hospital Employees' Union                  | <b>UPN</b>    | Union of Psychiatric Nurses                               |
| <b>HSA</b>   | Health Sciences Association of BC          | <b>USWA</b>   | United Steelworkers of America                            |
| <b>IUOE</b>  | International Union of Operating Engineers |               |   |

#### Notes:

1. Data are annualized to 365 days.
2. Community and Facilities LPN and LPN supervisors are included in Nurses Bargaining Table.
3. Facilities subsector LPN FTEs for FHA, IHA, VIHA, VCHA, NHA and PHC are adjusted to be included in BCNU.
4. FTEs reflect data as reported in HSCIS 2012-Q4 & Web entry except for EHSC CUPE FTEs. No adjustments made to account for non-reported FTEs.
5. EHSC CUPE FTEs are based on 2010 data provided by EHSC.
6. The following unions have active certifications in the HEABC membership database, but are not reported in HSCIS: Community - CAW, PEA; Facilities - IBEW, IBPAT, BCNU, UAJAP&P, UBCJA; Health Sciences - BCNU
7. Where a union was reported incorrectly in HSCIS, the total FTEs were redistributed proportionately to the other unions in the same bargaining table reported in HSCIS.

## Health Employers Association of British Columbia

### Statement of operations and accumulated surplus

year ended March 31, 2013

|   | 2013<br>Budget    | 2013<br>Actual    | 2012<br>Actual |
|---|-------------------|-------------------|----------------|
|   | \$                | \$                | \$             |
| <b>Revenues</b>   |                   |                   |                |
| Government funding  | 9,068,215         | 9,068,215         | 10,503,215     |
| Benefits and administration fees (Note 5)                 | 50,000            | 33,678            | 190,214        |
| Member assessments  | 165,000           | 224,259           | 235,292        |
| Interest and other revenue                                | 120,000           | 250,767           | 222,209        |
| Fee for service   | 100,000           | 313               | 51,837         |
|   | <b>9,503,215</b>  | <b>9,577,232</b>  | 11,202,767     |
| Funding from deferred contributions - operations (Note 3) | 5,794,849         | 5,672,909         | 3,397,427      |
|   | <b>15,298,064</b> | <b>15,250,141</b> | 14,600,194     |
| <b>Expenses (Note 8)</b>                                  |                   |                   |                |
| Strategic negotiations and contract administration        | 4,369,757         | 5,087,822         | 4,031,312      |
| Knowledge management and information technology           | 2,611,200         | 2,499,322         | 2,648,521      |
| Legal services  | 1,027,721         | 1,142,275         | 872,183        |
| Executive services and board governance                   | 774,679           | 657,533           | 647,664        |
| Finance and administration                                | 833,193           | 812,390           | 762,000        |
| Communications  | 362,586           | 367,134           | 589,964        |
| General   | 307,579           | 387,163           | 416,553        |
| Expenses from ongoing operations                          | <b>10,286,715</b> | <b>10,953,639</b> | 9,968,197      |
| <b>Contracted operations</b>                              |                   |                   |                |
| Recruitment services - Health Match BC                    | 2,299,000         | 2,002,649         | 2,338,597      |
| Physician services  | 1,561,000         | 1,047,020         | 1,028,500      |
| Health cross jurisdictional labour relations database     | 602,458           | 545,733           | 608,789        |
| Care aide registry  | 548,891           | 424,260           | 183,321        |
| Pandemic preparedness                                     | -                 | 163               | 142,859        |
| Total expenses from contracted operations                 | <b>5,011,349</b>  | <b>4,019,825</b>  | 4,302,066      |
| Total expenses from operations                            | <b>15,298,064</b> | <b>14,973,464</b> | 14,270,263     |
| <b>Surplus of revenues over expenses</b>                  | -                 | <b>276,677</b>    | 329,931        |
| Accumulated surplus, beginning of year                    | -                 | <b>3,186,914</b>  | 2,856,983      |
| <b>Accumulated surplus, end of year</b>                   |                   | <b>3,463,591</b>  | 3,186,914      |

Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the statement. Complete Audited Financial Statements are available at the offices of HEABC.

Health Employers Association of British Columbia  
Statement of financial position  
as at March 31, 2013

|  | 2013              | 2012              |
|--|-------------------|-------------------|
|  | \$                | \$                |
| <b>Financial assets</b>                        |                   |                   |
| Cash   | 17,810            | 819,677           |
| Short-term investments                         | 11,198,692        | 11,527,560        |
| Accounts receivable                            | 625,156           | 567,986           |
|  | <b>11,841,658</b> | <b>12,915,223</b> |
| <b>Liabilities</b>                             |                   |                   |
| Accounts payable and accrued liabilities       | 2,080,811         | 1,458,796         |
| Deferred contributions (Note 3)                | 6,195,193         | 8,011,022         |
| Tenant inducements                             | 745,466           | 774,688           |
| Retirement liability                           | 248,849           | 274,575           |
|  | <b>9,270,319</b>  | <b>10,519,081</b> |
| Net financial assets                           | <b>2,571,339</b>  | <b>2,396,142</b>  |
| <b>Non-financial assets</b>                    |                   |                   |
| Tangible capital assets (Schedule 1)           | 714,705           | 717,815           |
| Prepaid expenses                               | 177,547           | 72,957            |
|  | <b>892,252</b>    | <b>790,772</b>    |
| <b>Accumulated surplus (Schedules 2 and 3)</b> | <b>3,463,591</b>  | <b>3,186,914</b>  |

Commitments (Note 6)

Approved by the Board

Director

Director

# HEABC

## Board of Directors

### 2012-2013

#### Health Authority Representatives

**Betsy Gibbons**, Board Chair  
Provincial Health Services Authority Representative

**Glenn Sutherland**, Vice-Chair  
Interior Health Representative

**Robert E. Forrest**  
Fraser Health Representative

**James Hsieh**  
Vancouver Coastal Health Representative

**Vern Slaney**  
Vancouver Island Health Authority Representative

#### Provincial Representatives

**Catherine Kohm**  
Executive Director, Haro Park Centre  
Affiliate Care Provider Representative

**Howard Johnson**  
CEO, Baptist Housing Ministries  
Denominational Care Provider Representative

**Susan Emmons**  
Executive Director, Northcrest Care Centre  
Proprietary Care Provider Representative

#### Government Representatives

**Sandra Carroll**  
Chief Administrative Officer (CAO), Associate Deputy Minister  
Ministry of Health

**Lucas Corwin**  
Acting Assistant Deputy Minister, Labour Relations  
Public Sector Employers' Council (PSEC) Secretariat

Betsy Gibbons  
Glenn Sutherland  
Robert E. Forrest



James C. Hsieh  
Vern Slaney



Catherine Kohm  
Howard Johnson  
Susan Emmons



Sandra Carroll  
Lucas Corwin









# HEABC

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